

Boone County Health Department

116 W Washington St Lebanon IN 46052
www.boonecounty.in.gov

Record# _____

Environmental Health
765-483-4458
765-483-5243 Fax



Nursing & Vital Records
765-482-3942
765-483-4450 Fax

Public Health
Prevent. Promote. Protect.

This complaint is being registered by:

Date _____

Name _____ Address _____

City/Zip _____ Phone _____

I am willing to sign an affidavit regarding the conditions listed below: Yes _____ No _____

I am willing to testify to the conditions listed below in a court of law: Yes _____ No _____

I, hereby register a public health complaint with the health officer of Boone County against:

Name _____ Address _____

City/Zip _____ Phone _____

Location, if different than address above _____

TYPE OF COMPLAINT

____ Air Pollution	____ Housing	____ Manure	____ Roaches	____ Trash
____ Animals	____ Industrial	____ Road Side Dumping	____ Sewage	____ Other
____ Garbage	____ Junk Cars	____ Rats	____ Stream Pollution	

The public health complaint is being filed for the following reasons: (give specific details): _____

PLEASE READ THE FOLLOWING STATEMENTS

The Boone County Health Department was established by law to carry out certain duties and to enforce certain laws specifically assigned it by the State Legislature and the Boone County Commissioners. There are many cases in which the Health Department or its representative has no authority to act. However, upon receiving a complaint regarding a possible health hazard it is the duty of the local health officer to investigate and order abatement if such is warranted.

Signature of Complainant

For Office Use

Date Investigated _____ Findings _____

See back for add'l details

Notice (verbal - written) Written notice (regular – certified) Date _____ Township _____

Time allowed to abate public health problem _____

Condition corrected _____

Signed _____

Complaint Closed _____

Environmental Health Specialist

Date